

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2869</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>Richard W May</u> P.O. Box, Bldg., Room No., if any _____ Street <u>224 Gerritsen Ave</u> City <u>Bayport</u> State <u>NY</u> ZIP Code + 4 <u>11725</u>	4. Name, file number, and address of labor organization. Name <u>Int. Org of Masters, mates &amp; Pilots</u> Labor Organization File Number <u>000-162</u> P.O. Box, Building and Room Number, if any _____ Street <u>700 Maritime Blvd</u> City <u>Linthicum Heights</u> State <u>MD</u> ZIP Code + 4 <u>21090-1941</u>
5. Position in labor organization. <u>Vice President Atlantic Port Offshore Membership Group</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Richard W May

On

7/6/05  
Date

631-472-1931

Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>The Segal Company</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>1 Park Ave</u></p> <p>City <u>New York</u></p> <p>State <u>New York</u> ZIP Code + 4 <u>10016</u></p> <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Master, Mates &amp; Pilots, Benefit Plans</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <u>700 Maritime Blvd</u></p> <p>City <u>Linthicum Heights</u></p> <p>State <u>MD</u> ZIP Code + 4 <u>21090</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust _____</p> <p>c. Employer _____</p> <p>11.a. Nature of such dealing. <u>Business Listed in # 8 Provides Actuarial Services To The Various mmap Plans. I Am A Trustee on these plans</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$ 124.00</u></p> <p>12.a. Nature of interest held or income received. <u>COST OF Dinner sponsored during Trust meetings held ON 1/13/04 in Baltimore - Prime Rib Restaurant</u></p> <p>12.b. Amount. <u>\$ 124.00</u></p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> <p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.a. Nature of payment. _____</p> <p>14.b. Amount of payment. _____</p>
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<p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> <p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment. _____</p>
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# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>2869</u>	2. Fiscal Year Covered From: <u>1/1/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>Richard W MAY</u> P.O. Box, Bldg., Room No., if any _____ Street <u>224 Gerritsen AVE</u> City <u>Bayport</u> State <u>NY</u> ZIP Code + 4 <u>11725</u>	4. Name, file number, and address of labor organization. Name <u>Int. Org of Masters, mates, &amp; Pilots</u> Labor Organization File Number <u>000-162</u> P.O. Box, Building and Room Number, if any _____ Street <u>700 Maritime Blvd</u> City <u>Linthicum Heights</u> State <u>MD</u> ZIP Code + 4 <u>21090-1941</u>
5. Position in labor organization. <u>Vice President Atlantic Port Offshore Membership Group</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Richard W May

On

2/6/05  
Date

631-472-1931

Telephone Number

Name of Person Filing <u>Richard W. MAY</u>	File Number U- <u>2869</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Segal Company

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 Park Ave

City New York

State New York ZIP Code + 4 10016

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Master, Mates & Pilots, Benefit Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 Maritime Blvd

City Linthicum Heights

State MD ZIP Code + 4 21090

11.a. Nature of such dealing. Business Listed in # 8 Provides Actuarial Services To The Various mmarp Plans. I Am A Trustee on these plans

11.b. Approximate dollar value of such dealing. \$ 124.00

12.a. Nature of interest held or income received. Cost of Dinner sponsored during Trust meetings held on 1/13/04 in Baltimore - Prime Rib Restaurant

12.b. Amount. \$ 124.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Richard W MAY

File Number U-

2869

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BANK OF New York

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 WALL ST.

City New York

State New York ZIP Code + 4 10286

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name MASTER MATES &amp; PILOTS BENEFIT PLANS

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 MARITIME BLVD  
SUITE A

City LINTHICUM HEIGHTS

State MD ZIP Code + 4 21090-1941

11.a. Nature of such dealing. Business Listed in # 8 Provides Financial Custody Services, ~~and~~ investment mgt. services TO TRUST PLANS. I AM A Trustee on these PLANS

11.b. Approximate dollar value of such dealing. \$150.00

12.a. Nature of interest held or income received.

Cost of dinner sponsored during Trust meetings held on MAY 25th 2004  
Charleston Restaurant Baltimore

12.b. Amount. \$150.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

Richard W MAY

File Number U-

2869

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Steptoe &amp; Johnson LLP

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1330 Connecticut Ave. NW

City Washington

State D.C. ZIP Code + 4 20036

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Masters, Mays, &amp; Pilols Benefit Plans

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 700 Maritime Blvd.

City Linthicum, Heights

State MD ZIP Code + 4 21090-1941

11.a. Nature of such dealing. Business listed in #8

Above provides legal services to the trust plans. I am a Trustee on these plans

11.b. Approximate dollar value of such dealing. \$138.06

12.a. Nature of interest held or income received.

Cost of Dinner Sponsered during Trust meetings held Sept 28 2004 in Baltimore - Ruth Chris Restaurant

12.b. Amount.

\$138.06

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.